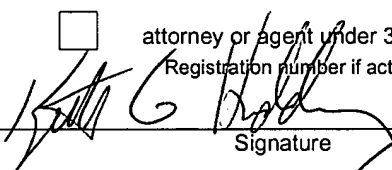


<b>POSITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) 29953-184846	
Application Number 10/600,537-Conf. #5772		Filed June 23, 2003	
For NITROGEN BLOW MOLDING TO ENHANCE OXYGEN SCAVENGER SHELF LIFE			
Art Unit 1732		Examiner S. E. McDowell	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,180			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)			
 Signature		October 13, 2004 Date	
Keith G. Haddaway, Ph.D. Typed or printed name		(202) 344-4000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

10/14/2004 CNGUYEN 00000076 220261 10600537  
02 FC:1251 110.00 DA



FEE TRANSMITTAL for FY 2005		Complete if Known	
Effective 10/01/2004. Patent fees are subject to annual revision.		Application Number	10/600,537-Conf. #5772
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 23, 2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	John Buttermore
286.00		Examiner Name	S. E. McDowell
		Art Unit	1732
		Attorney Docket No.	29953-184846
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number 22-0261		Fee Code Fee (\$)	
Deposit Account Name Venable LLP		Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 790 2001 395 Utility filing fee			
1002 350 2002 175 Design filing fee			
1003 550 2003 275 Plant filing fee			
1004 790 2004 395 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 5 -20** =		Extra Claims Fee from below Fee Paid	
Independent Claims 5 -3** =		2 x 88.00 = 176.00	
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 44 Independent claims in excess of 3			
1203 300 2203 150 Multiple dependent claim, if not paid			
1204 88 2204 44 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		176.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Keith G. Haddaway, Ph.D.		Registration No. 46,180	
Signature		Telephone (202) 344-4000	
		Date October 13, 2004	